



GUIDELINES for A.A. in Great Britain

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A.A. AND HEALTHCARE IN THE COMMUNITY

Revised April 2004 No. 9

Alcoholics Anonymous has a long history of working with all who come into contact with practising alcoholics. The purpose of this guideline is to assist Health Liaison Officers, in co-operation with professional healthcare workers, whether in hospital or community based, carry the message to the still suffering alcoholic.

INTRODUCTION

Intergroups and Regions are responsible for the appointment of a Health Liaison Officer who ideally should work as a member of a combined services committee or other appropriate committee (such as Public Information). The Health Liaison Officer is to establish contact and maintain communication with the healthcare professionals and report back at all levels within Intergroup or Region as required. The National Health Areas do NOT necessarily coincide with the specific Region or Intergroup areas and it is important to identify where these differences may occur; hence the need to work within a service committee or 'network' with similar A.A. service positions and Public Information Officers.

Familiarity with the local area and a thorough knowledge of the A.A. Service Handbook for Great Britain are vital before accepting the role of Health Liaison Officer.

HEALTHCARE PROFESSIONALS

By this we mean doctors, nurses, GP's and many bodies whose names may or may not include the words 'Drug & Alcohol...' 'Community Psychiatric' etc, but whose remit includes contact with the active alcoholic. It should also include hospital and treatment centre administrators/managers. Do not be surprised if professionals do not use the word alcoholic, and instead refer to 'problem drinker', 'alcohol dependent' and 'alcohol abuse or misuse'. Healthcare is no

longer the sole province of the health service; depending on the area, healthcare may also include the local authority social services departments and private sector care providers.

MAKING CONTACT

It may be useful in conjunction with the Public Information Officer and combined services committee to map the healthcare professionals, hospitals, treatment centres and other healthcare providers within your area (*remember that healthcare providers may use different boundaries than those in our service structure*). From this information an action plan for making contact can be developed. Teamwork is the key for this to work effectively. It is important for a list of existing contacts and hospital groups to be included with your map, as their experience will be a valuable asset in developing new contacts. As in other external services, contact by letter asking for an appointment is the first step with perhaps a follow up call. (Intergroups should have headed paper for this purpose).

MEETING A HEALTHCARE PROFESSIONAL

Professional workers tend to have a clear understanding of their areas of responsibility but few will understand ours. Initially, our role might be that of providing information as to what A.A. can and cannot do, always remembering that as a fellowship we are committed to remaining non-professional. Our approach is based on our ability as recovering alcoholics to work effectively

with the still suffering alcoholic. When co-operating with professionals we should always consider our Traditions.

It is suggested that, we:

- ▶ Turn up on time, suitably dressed.
- ▶ Politely make ourselves known.
- ▶ Take writing materials and record items relevant to our Region/Intergroup
- ▶ Do not engage in debates about budgets, bed shortages or any outside issues.
- ▶ Never discuss individual A.A. members.
- ▶ Do not report to non-A.A. committees but we can and should make A.A. information freely available.
- ▶ As members of A.A. we do not give medical advice to anyone.
- ▶ A.A. information should include updated times and venues of meetings, the National Helpline number and details of A.A. literature.
- ▶ Never commit Alcoholics Anonymous or other A.A.s beyond your remit or our Traditions.

Don't be afraid to ask questions; it's the only way to learn. Enjoy the experience, keep it safe and pass it on at your rotation. A.A. has been co-operating with healthcare professionals for over fifty years but, if the experience is new to you, utilise the experience of other members in your area.

HOSPITAL/TREATMENT CENTRE MEETINGS

There are two forms of meeting suitable for these premises. First there is the regular A.A. group meeting, run according to Guideline No.1, using the hospital/treatment centre as a venue. These meetings welcome patients being treated for alcoholism, and should be subject to the 7th Tradition. Second there is

the A.A. sponsored meeting held for in-patients. The outside sponsors attend these meetings, regularly bringing in outside speakers. These meetings are not open to A.A. in general nor listed in A.A.'s "Where To Find". This second type may not be self-supporting so it may be necessary to provide refreshments and A.A. literature. In-patients undergo treatment for relatively short periods so the continuation of the meeting depends heavily on the outside sponsor. It is usual for these meetings to be open to allow health professionals to attend.

STARTING A HOSPITAL/TREATMENT CENTRE GROUP

Discuss the idea at Intergroup, Region and combined services meetings to establish the need and the support of local members. Experience suggests that a minimum of four A.A. members are required who are committed to support the Group for a period of some considerable time. The Hospital Liaison Officer and another member of the services committee should then make contact with the hospital/treatment centre so as to discuss the form of meeting to take place on their premises.

- National Health Service hospitals function through three departments –Medical, Nursing and Administration. Ensure that each is fully informed as problems can arise when A.A. has contacted a person who, though helpful and understanding, may not have the necessary authority to implement the decisions or arrangements.
- Courtesy and experience tell us that we cannot occupy premises without the permission of the Administrator; that we cannot approach patients without the permission of the doctor in charge and we cannot enter a ward without the permission of the Nursing Officer/Charge Nurse/Ward Sister.

THE RESPONSIBILITY OF HOSPITAL/TREATMENT CENTRE GROUP

Once a Group is established, members may be invited to visit patients in their wards. We do not solicit members; rather this is an opportunity to share our experience, strength and hope. You might consider leaving literature or ask if the patient would like to attend a meeting of the Group. Always ask if the staff on duty can make the necessary arrangements and gain their consent. It is helpful if one or two members take on the responsibility of visiting wards each week to carry out this task, remembering to be courteous to all staff and to thank them for allowing admittance to their premises.

ADDITIONAL HINTS

- ▶ We may be required to register as a volunteer.
- ▶ Abide by the rules of the hospital/treatment centre, we are only guests.
- ▶ Limit yourself to carrying your own simple message of recovery.
- ▶ Be willing to listen as well as talk.
- ▶ Have a thorough knowledge of the Traditions and live by their spiritual foundation.
- ▶ You will be known to be a member of A.A by people in the hospital and your appearance, language, manner and conduct may influence their opinion of A.A.
- ▶ Always maintain a cheerful humility about the amateur status of A.A. We are not professionals.
- ▶ Do not talk about medication psychiatry or scientific theories on alcoholism.
- ▶ Never interfere or comment on the treatment or drug regime of patients. This is the sole responsibility of doctors.
- ▶ Do not boast about A.A. Let results speak for themselves.

Finally, when taking responsibility for meetings in a professional centre it is necessary to keep in frequent, friendly contact with members of staff at the centre.

COMMUNICATION

Regular reporting by Intergroup and Region Health Liaison Officers is a vital part of their role. This will keep the fellowship aware of progress or problems. It will ensure that all areas of service work together, regardless of boundaries and service titles, to carry A.A.'s message to all Health Professionals and more importantly, the alcoholic who still suffers. Consider *responding flexibly* to the needs of the professional community and, through regular service meetings/workshops, a plan for your area will emerge. Do not be afraid to ask for help or to contact other members in similar service positions in other areas. Remember your primary purpose is to stay sober and help other alcoholics to achieve sobriety.

This is not an exhaustive list of Health Liaison functions/duties.

Suggested Literature:

AA as a Resource for the Medical Profession

If you are a Professional

44 Questions and Answers

A Members Eye View of AA

Speaking at Non-AA meetings

A brief guide to AA

Lets be friendly with our friends